

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

REFUND NO.

10/750,049

FILED DATE

CLAIMS					
ADDITIONAL DEPENDENT		ADDITIONAL DEPENDENT		ADDITIONAL DEPENDENT	
NO	DEP	NO	DEP	NO	DEP
1					
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97					
98					
99					
100					
TOTAL NO. DEP.	12	TOTAL NO. DEP.	3	TOTAL NO. DEP.	1
TOTAL CLAIMS	13	TOTAL CLAIMS	21	TOTAL CLAIMS	1